## Appendix C: Product/Solution Planning Work Order Request Template

This appendix presents the Product/Solution Planning (PSP) work order request template that DHHS will use to initiate agile application development planning services work orders in order to start an agile development program to realize a product/solution for DHHS. The work order request form will cover the activities associated with defining the Product/Solution Vision (PSV) and execution plan. It holds no guarantee for Provider that DHHS will follow through with agile development work orders for the realization of the product/solution. The work order request form has to be initiated and completed by an authorized representative within DHHS. This appendix is a template for what may be used for a Product/Solution Planning Work Order Request. The format and content of the actual Work Order Request is subject to change.

PSP Work Order Request Form

| Product/Solution Planning Work Order Request Form | | |
| --- | --- | --- |
| Request Date: | PSP Request Number:  *Product Solution Initiation number — to be filled by NE DHHS Procurement* | Request Type:  *Initiate Product Solution* |
| Raised by: | Department: | Date: |
| Response Due By: | Q&A Period: | Service Type: |
| Product/Solution Vision (PSV) Description:  *Provide a short description of the PSV that should be realized.* | | |
| PSP Benefits:  *Describe the benefits in terms of business, IT or service outcome; efficiency, enhancement or transformational outcome; process, technology or people outcome; service, cost, or terms and conditions outcome.* | | |
| PSP Benefits Acceptance Criteria:  *List the acceptance criteria that reflect the defined PSP benefits. Ensure the acceptance criteria are measurable and realistic.* | | |
| PSP Prerequisites:  *List the known events, projects and services that need to be realized before this request can be fulfilled.* | | |
| PSP Realization Deadline:  *Fill in the required realization deadline of the PSP. This deadline will set the boundaries for the product/solution planning, number of PSIs and sprints.* | | |
| Impact on Work in Progress (if any):  *Specify which work in progress (like projects, enhancements, foundation requests, releases, preapproved requests) is impacted by this request. Clarify the work in progress and impact per work in progress.* | | |
| Impact on Elements of the Agreement (if any):  *Specify what elements of the Agreement are impacted if any (for example, service scope, scale, workload, technology, processes, people, pricing, terms and conditions, working arrangements, and documentation).* | | |
| Expected Effort:  *Estimate the effort in terms of hours of the DHHS's and/or the vendor’s staff (including third parties). Alternatively, when formalized, estimate the effort in the amount of PSIs and sprints required.* | | |
| Expected Additional Investments (if any):  *Specify the expected additional cost in terms of technology and processes (including, for example, tooling, applications, temporary hardware, new hardware or software, and regulatory audits for internal and/or external compliance).* | | |

## Appendix D: PSI or Sprint Work Order Request Template

This appendix presents the Product/Solution Increment (PSI) or Sprint Work Order request template that DHHS will use to initiate agile application or platform development and deployment services, to execute an agile development program, in order to realize a product/solution or platform component. This work order request form can only be used once a PSI work order has been approved by DHHS authorized representative and the PSI or sprint work order can be associated with such approved PSI. This appendix is a template for what may be used for a Sprint Work Order Request. The format and content of the actual Work Order Request is subject to change.

This work order request form will cover the activities associated with either a complete PSI cycle (i.e., 5 sprints) or an individual sprint/iteration. The work order request form has to be initiated and filled by the authorized representative within DHHS.

PSI or Sprint Work Order Request Form

| PSI or Sprint Work Order Request Form | | | |
| --- | --- | --- | --- |
| Request Date: | PSI Request Number:  *Fill in the work order number for the approved PSI* | | Work Order Coverage:  *Select PSI or sprint* |
| Raised by: | Department: | | Date: |
| Response Due By: | Q&A Period: | | Service Type: |
| PSI Description:  *Provide a short description of the PSI to realize* | | Sprint Description:  *Provide a short description of the sprint. Clearly differentiate between new iteration sprints and debt-reduction sprints* | |
| PSI/Sprint Acceptance Criteria:  *List the acceptance criteria that reflect success of the PSI or sprint. Ensure the acceptance criteria are measurable and realistic.* | | | |
| PSI/Sprint Prerequisites:  *List the known events, projects and services that need to be realized before this request can be fulfilled.* | | | |
| PSI/Sprint Realization Period:  *Fill in the required realization deadline of the PSI in terms of calendar date, or the sprint start date and duration in terms of working days.* | | | |
| Impact on Work in Progress (if any):  *Specify which work in progress (like projects, enhancements, foundation requests, releases, preapproved requests) is impacted by this request. Clarify the work in progress and impact per work in progress.* | | | |
| Impact on Elements of the Agreement (if any):  *Specify what elements of the Agreement, if any, are impacted (for example, service scope, scale, workload, technology, processes, people, pricing, terms and conditions, working arrangements, and documentation).* | | | |
| Expected Effort:  *Estimate the effort in terms of hours of the DHHS's and/or the Provider's staff (including third parties). Alternatively, estimate the effort in terms of user stories. When possible, provide the productivity per team in terms of user stories.* | | | |
| Expected Additional Investments (if any):  *Specify the expected additional cost in terms of technology and processes (including, for example, tooling, applications, temporary hardware, new hardware or software, and regulatory audits for internal and/or external compliance).* | | | |

## Appendix E: Modularization / Refactoring Work Order Request Template

This appendix presents the Modularization / Refactoring Work Order request template to proactively rearchitect a legacy functional component into a discrete service or set of services accessible via application programming interfaces, and/or proactively address preventive and perfective maintenance needs of certain legacy application. The modularization/refactoring work order request form reflects the minimum level of detail required to implement a modernization initiative (MI) in a production application landscape, independent from the overall application development methodology applied. This appendix is a template for what may be used for a Modularization/Refactoring Work Order Request. The format and content of the actual Work Order Request is subject to change.

Modularization/Refactoring Work Order Request Form

| Modularization/Refactoring Work Order Request Form | | |
| --- | --- | --- |
| Modernization Initiative (MI) Date: | Raised by: | Modernization Request Number: |
| Response Due By: | Q&A Period: | Technology Platform: |
| MI Impact:  *Low, Medium, High* | MI Risk:  *None, Low, Medium, High* |  |
| MI Topic: | | |
| MI Description: | | |
| MI Benefits:  *Describe the benefits in terms of business, IT or service outcome; efficiency, enhancement or transformational outcome; process, technology or people outcome; service, cost, or terms and conditions outcome.* | | |
| MI Prerequisites:  *List the known events, projects and services that need to be realized before this demand can be fulfilled.* | | |
| MI Implementation Deadline:  *Fill in the required implementation deadline of the MI.* | | |
| Acceptance Criteria (if any):  *List the acceptance criteria that reflect the defined MI benefits. Ensure the acceptance criteria are measurable and realistic.* | | |
| Impact on Work in Progress (if any):  *Specify which work in progress is impacted by the MI Request. Clarify the work in progress and impact per work in progress.* | | |
| Impact on Elements of the Agreement (if any):  *Specify what elements of the Agreement, if any, are impacted (for example, service scope, scale, workload, technology, processes, people, pricing, terms and conditions, working arrangements, and documentation).* | | |
| Expected Effort:  *Specify the effort in terms of hours of the DHHS's and/or the Provider's staff (including third parties).* | | |
| Expected Additional Investments (if any):  *Specify the expected additional cost in terms of technology and processes (including, for example, tooling, applications, temporary hardware, new hardware or software, and regulatory audits for internal and/or external compliance).* | | |

## Appendix F: Work Order Cost Template

This appendix provides an example of a form that will be completed by the vendor in response to a Work Order. This form will be used by the vendor to detail the effort and cost associated with delivering a Work Order. Stories will be formalized in a requirement and defect reporting system, Jira, allowing for requirement tracking and linking defects to requirements. Costs are determined by recording the iteration / sprint team roles necessary to execute the specific Product/Solution Increment, the iteration / sprint effort and unit costs. In addition to the dates in the table below, bidders may be required to submit a draft project work plan with their proposal and a detailed project work plan upon commencement of Work Order.

Work Order Cost Form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dates** | | | | | | | | |
| Proposed Start date: |  | | | | | | | |
| Proposed End date: |  | | | | | | | |
| Program Increment demo date(s): |  |  | | | | | | |
| **Stories** | | | | | | | | |
| See Jira for more detailed description of these stories. | Story Reference | | | Type | | Story Title | | |
|  | | |  | |  | | |
|  | | |  | |  | | |
|  | | |  | |  | | |
|  | | |  | |  | | |
|  | | |  | |  | | |
| **Costs** | | | | | | | | |
| Deliverable 1 | $ | | | | | | | |
| Staffing Approach | Role | | Quantity | | Effort (days) | | Rate (currency per day) | Total price |
| Costs are based on referenced RFQ MSA. |  | |  | |  | |  |  |
|  | |  | |  | |  |  |
|  | |  | |  | |  |  |
|  | |  | |  | |  |  |
|  | |  | |  | |  |  |
| TOTAL | |  | |  | |  |  |
| Optional Services | Role | | | | Hourly Rate | | | |
|  |  | | | |  | | | |